

The Great Seminole Nation Of Oklahoma

TRIBAL ENROLLMENT
PO BOX 1498 - 36645 HIGHWAY 270
WEWOKA, OKLAHOMA 74884-1498
PHONE NO. (405) 257-7244

APPLICATION FOR MINORS OR INCOMPETENTS

(Proof of Legal Custody, Guardianship, or POA must be Attached)

Checks for the payment will not be mailed until the Enrollment Office receives a written statement from the parent or guardian who has actual physical custody of the child/incompetent and is authorized to receive funds in their behalf. Please send your statement on this form along with all supporting legal documents to the address above.

Name	Address	City	State Z	ip Code
YOUR ENROLLED CHILDRE Under 18 years of age		e household/add	lress; and curr	ently in
your custody. Full Name	Social Security No	. Enrollment No	Date of Birth	Age
			=	
To liet additional abilduan m	Jacob complete all varie	ined information (hook of
To list additional children, p this form.	nease complete all requ	iired information (as above) on the	e Dack OI
I, persons who are eligible a on their behalf.				
SIGNATURE:	Re	lationship:	DATE:	

[&]quot;Payment must be used for the Minor's/Incompetent's health education, welfare, maintenance and support. Any other use constitutes fraud." SNO Tribal Resolution 2015-32.

MAIL OR BRING FORM WITH SUPPORTING DOCUMENTS TO THE SEMINOLE NATION TRIBAL ENROLLMENT OFFICE

3/25/2015